

# NY STATE CLIENT SEMI-ANNUAL REPORT

Marking Instructions: Please type or use blue or black ink pen.  
Completely fill in one circle.  
Print legible numbers and block letters, no script.

**COMPLETE ALL SECTIONS**  
before submitting or form will be returned.

## I Reporting Information

Year: 2013

Fill in circle if amendment ☒

Report Period: ☒ January/June ☐ July/December

Type of Lobbying: ☒ Nonprocurement ☐ Procurement ☐ Both

Client Filing Fee Check Number: 2365

FOR OFFICE USE ONLY

*Amendment*

*Amended to include S of F*  
RECEIVED JUL 16 2013

## II Client Information

Name: Association of Convenience Stores (NY)

Permanent Business Address: 130 Washington Ave 3rd Fl

City: Albany

State: NY

ZIP code: 12210

Business Phone: 518-432-1400

Fax Number: 518-432-7400

Third Party Beneficiary (see instructions):

## III Lobbyist(s) Information & Compensation (Current Period Only)

Any individual or organization that has lobbied on behalf of the client must be reported below, regardless of whether the threshold was exceeded by that individual or organization.

**A** Type of Lobbyist: ☐ Retained ☐ Employed ☐ Designated

Level of Gov't: ☐ State Lobbying ☐ Local Lobbying ☐ Both

Name:

Phone Number:

Address:

City:

State:

ZIP code:

Compensation for current period: \$ .00

**B** Type of Lobbyist: ☐ Retained ☐ Employed ☐ Designated

Level of Gov't: ☐ State Lobbying ☐ Local Lobbying ☐ Both

Name:

Phone Number:

Address:

City:

State:

ZIP code:

Compensation for current period: \$ .00

**C** Type of Lobbyist: ☐ Retained ☐ Employed ☐ Designated

Level of Gov't: ☐ State Lobbying ☐ Local Lobbying ☐ Both

Name:

Phone Number:

Address:

City:

State:

ZIP code:

Compensation for current period: \$ .00

☐ Continued on attached pages

**D TOTAL COMPENSATION** of ALL lobbyists for current period.....(A+B+C+addendum sheets): \$ .00

**IV Other Expenses (Current Semi-Annual Period Only)**

<b>A</b> Report, in the aggregate all expenses less than or equal to \$75:	\$	.00
<b>B</b> Report in the aggregate all expenses for salaries of non-lobbying employees:	\$	.00
<b>C Itemize each expense exceeding \$75:</b>		
PAID TO:	DATE:     /     /	<input type="radio"/> Ad <input type="radio"/> Social Event
PURPOSE:	AMOUNT: \$     .00	<input type="radio"/> *Addendum attached
<input type="radio"/> PROCUREMENT <input type="radio"/> NONPROCUREMENT		
PAID TO:	DATE:     /     /	<input type="radio"/> Ad <input type="radio"/> Social Event
PURPOSE:	AMOUNT: \$     .00	<input type="radio"/> *Addendum attached
<input type="radio"/> PROCUREMENT <input type="radio"/> NONPROCUREMENT		
<input type="radio"/> Continued on attached pages		
* If any expense listed above exceeds \$75 for an individual, you must attach the addendum page listing the expense, dollar amount attributable to the individual and the name, title and employer of the individual.		
<b>D Total expenses for current period:</b> \$ <span style="border: 1px solid black; padding: 2px 20px;">.00</span> (if applicable, include all expenses from attached pages in total)		

**V Source of Funding Disclosure**

**Instructions:** In the event only one person or entity is listed as the Single Source for a Contribution(s), use Section A. In the event multiple persons or entities have been aggregated as a Single Source for a Contribution(s), use Section B.

**A** Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received. If more than five Contributions from the Single Source have been received, use section V(C) of the Addendum for the additional Contributions.

**Contribution(s) from Single Source #1**

Single Source Entity's Name: Altria Client Services Inc

or  
Single Source Person's Last Name:

First Name:

Address: 677 Broadway Ste 1207

City: Albany

State: NY

ZIP code: 12207

Phone: 518-431-8090

Date Contribution Received: 2 / 12 / 2013     Amount of Contribution: \$ 189     .00

Date Contribution Received: 2 / 21 / 2013     Amount of Contribution: \$ 6778     .00

Date Contribution Received: 4 / 4 / 2013     Amount of Contribution: \$ 2025     .00

Date Contribution Received: / /     Amount of Contribution: \$     .00

Date Contribution Received: / /     Amount of Contribution: \$     .00

Check here if using section V(C) of the Addendum for additional Contributions: ☐**Contribution(s) Single Source #2**

Single Source Entity's Name: Core-Mark

or  
Single Source Person's Last Name:

First Name:

Address: PO Box 770

City: Amsterdam

State: NY

ZIP code: 12010

Phone: 518-786-3446

Date Contribution Received: 1 / 14 / 2013     Amount of Contribution: \$ 2700     .00

Date Contribution Received: / /     Amount of Contribution: \$     .00

Date Contribution Received: / /     Amount of Contribution: \$     .00

Date Contribution Received: / /     Amount of Contribution: \$     .00

Date Contribution Received: / /     Amount of Contribution: \$     .00

Check here if using section V(C) of the Addendum for additional Contributions: ☐Check here if there are Contribution(s) from Single Source(s) other than those listed above. Use Section V(A) of the Addendum to list all such Contributions: ☐

## Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

### V Source of Funding Disclosure

**A** Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

#### Contributions from Single Source #3

Single Source Entity's Name: McLane NE

or  
Single Source Person's Last Name:

First Name:

Address: 2828 McLane Dr

City: Baldwinsville

State: NY

ZIP code: 13027

Phone: 315-638-7270

Date Contribution Received:	2	/25	/2013	Amount of Contribution:	\$2700	.00
Date Contribution Received:	/	/		Amount of Contribution:	\$	.00
Date Contribution Received:	/	/		Amount of Contribution:	\$	.00
Date Contribution Received:	/	/		Amount of Contribution:	\$	.00
Date Contribution Received:	/	/		Amount of Contribution:	\$	.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

#### Contributions from Single Source # 4

Single Source Entity's Name: NOCO Express LLC

or  
Single Source Person's Last Name:

First Name:

Address: 2440 Sheridan Ave

City: Tonawanda

State: NY

ZIP code: 14150

Phone: 716-833-6626

Date Contribution Received:	7	/13	/2012	Amount of Contribution:	\$ 540	.00
Date Contribution Received:	12	/19	/2012	Amount of Contribution:	\$ 945	.00
Date Contribution Received:	/	/		Amount of Contribution:	\$	.00
Date Contribution Received:	/	/		Amount of Contribution:	\$	.00
Date Contribution Received:	/	/		Amount of Contribution:	\$	.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

#### Contributions from Single Source # 5

Single Source Entity's Name: Pepsi Beverages Company

or  
Single Source Person's Last Name:

First Name:

Address: 400 Creative Dr

City: Rochester

State: NY

ZIP code: 14625

Phone: 585-246-4438

Date Contribution Received:	2	/11	/2013	Amount of Contribution:	\$1755	.00
Date Contribution Received:	/	/		Amount of Contribution:	\$	.00
Date Contribution Received:	/	/		Amount of Contribution:	\$	.00
Date Contribution Received:	/	/		Amount of Contribution:	\$	.00
Date Contribution Received:	/	/		Amount of Contribution:	\$	.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

## Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

### V Source of Funding Disclosure

**A** Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

#### Contributions from Single Source # 6

Single Source Entity's Name: RJ Reynolds Tobacco Co

or

Single Source Person's Last Name:

First Name:

Address: 2908 Fargo Rd

City: Baldwinsville

State: NY

ZIP code: 13027

Phone: 315-635-3092

Date Contribution Received:	1	/2	/2013	Amount of Contribution:	\$4050	.00
Date Contribution Received:	/	/		Amount of Contribution:	\$	.00
Date Contribution Received:	/	/		Amount of Contribution:	\$	.00
Date Contribution Received:	/	/		Amount of Contribution:	\$	.00
Date Contribution Received:	/	/		Amount of Contribution:	\$	.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

#### Contributions from Single Source # 7

Single Source Entity's Name: Sunoco

or

Single Source Person's Last Name:

First Name:

Address: 1109 Milton Ave

City: Syracuse

State: NY

ZIP code: 13204

Phone: 315-424-8856

Date Contribution Received:	3	/19	/2013	Amount of Contribution:	\$2565	.00
Date Contribution Received:	/	/		Amount of Contribution:	\$	.00
Date Contribution Received:	/	/		Amount of Contribution:	\$	.00
Date Contribution Received:	/	/		Amount of Contribution:	\$	.00
Date Contribution Received:	/	/		Amount of Contribution:	\$	.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

#### Contributions from Single Source # 8

Single Source Entity's Name: XtraMart Convenience Stores

or

Single Source Person's Last Name:

First Name:

Address: 1580 Columbia Tpk Bldg 3 Ste 2

City: Castleton

State: NY

ZIP code: 12033

Phone: 800-243-6366

Date Contribution Received:	7	/2	/2012	Amount of Contribution:	\$405	.00
Date Contribution Received:	12	/26	/2012	Amount of Contribution:	\$1026	.00
Date Contribution Received:	1	/22	/2013	Amount of Contribution:	\$608	.00
Date Contribution Received:	/	/		Amount of Contribution:	\$	.00
Date Contribution Received:	/	/		Amount of Contribution:	\$	.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

## V Source of Funding Disclosure

### B Single Source information for a Contribution(s) from multiple, Related, or Affiliated Entities.

#### Contributions from Single Source #1

Related or Affiliated Entity or Person: Altria Group Distribution Co

Entity's or Person's Full Name:

Entity's or Person's Address: 307 Lincoln Pkwy Buffalo NY 14216

Entity's or Person's Phone: 804-398-0344

*Dates and Amounts of Contributions from Entity or Person:*

Date Contribution Received:	1	/	2	/	2013	Amount of Contribution:	\$2700	.00
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Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
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Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
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Check here if using section V(C) of the Addendum for additional Contributions: ☐

Related or Affiliated Entity or Person:

Entity's or Person's Full Name:

Entity's or Person's Address:

Entity's or Person's Phone:

*Dates and Amounts of Contributions from Entity or Person:*

Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
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Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
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Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
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Check here if using section V(C) of the Addendum for additional Contributions: ☐

Check here if using section V(B) of the Addendum for additional Related, or Affiliated Entities or Persons: ☐

#### Contributions from Single Source #2

Related or Affiliated Entity or Person:

Entity's or Person's Full Name:

Entity's or Person's Address:

Entity's or Person's Phone:

*Dates and Amounts of Contributions from Entity or Person:*

Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
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Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
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Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
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Check here if using section V(C) of the Addendum for additional Contributions: ☐

Related or Affiliated Entity or Person:

Entity's or Person's Full Name:

Entity's or Person's Address:

Entity's or Person's Phone:

*Dates and Amounts of Contributions from Entity or Person:*

Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
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Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
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Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
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Check here if using section V(C) of the Addendum for additional Contributions: ☐

Check here if using section V(B) of the Addendum for additional Related, or Affiliated Entities or Persons: ☐

Check here if there are Contribution(s) from Single Source(s) other than those listed above. Use Section V(B) of the Addendum to list all such Contributions: ☐

**VI Subjects lobbied:**

☐ Continued on attached pages

**VII Person, State, Agency, Municipality or Legislative Body lobbied:**

☐ Continued on attached pages

**VII Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:**

☐ Continued on attached pages

**VIII Title and Identifying Numbers of procurement contracts/documents lobbied:**

☐ Continued on attached pages

**IX Number or Subject Matter of Executive Order of Governor/Municipality lobbied:**

☐ Continued on attached pages

**X Subject Matter of and Tribes involved in tribal-state compacts, etc lobbied:**

☐ Continued on attached pages

**XI Declaration**

This Declaration must be signed by the Chief Administrative Officer. (If the Chief Administrative Officer, for any reason, does not sign, he/she must duly designate another person to sign this Declaration.) **(See instructions.)**

**I declare under penalty of perjury that the information contained in this report is true, correct, and complete to the best of my knowledge and belief.**

**X SIGNATURE:**

**PRINT NAME: LAST**

**TITLE:**

Mark One:



Chief Administrative Officer

☐ Designee(Attach Letter)

**DATE:**

**FIRST**

*James Calvin*  
Calvin  
President

7/15/13  
James

**The following MUST be attached to this report at the time of submission:**

- You must attach a **\$50 dollar filing fee** to each semi-annual report. (No fee is required for amendments to the original)
- If applicable, a designation letter if you have marked designee in section XI.
- If applicable, continuation sheets for sections III, IV, V, VI, VII, VIII, IX and X.

**PLEASE NOTE** You may be assessed up to \$25 for each day this report is late.